

# State Standard Plan II

Administered by Blue Cross & Blue Shield United of Wisconsin



## BlueCross & BlueShield United of Wisconsin

An independent license of the Blue Cross and Blue Shield Association

### What we are

A comprehensive health plan that provides you with complete freedom of choice among hospitals and physicians.

It is administered by Blue Cross & Blue Shield United of Wisconsin – a local company known for its service, convenience, automated processing, and the I.D. card that is recognized and accepted across the nation and around the world.

### Where we are

In addition to our corporate headquarters located in Milwaukee, we have three regional service centers. We can answer questions about claims or benefits in our offices, by letter or by telephone. Early evening/after work and walk-in customer service is also available at our regional service centers.

### Exclusions and Limitations

- Physical exams requested by third parties (i.e. school, insurance, etc.)
- Services or supplies for custodial care or rest cures as defined by the contract
- Cosmetic surgery
- Services, supplies or equipment that are not medically necessary, or that are experimental/ investigational
- Eyeglasses, contact lenses or hearing aids or examinations for their prescription or fitting
- In vitro fertilization or artificial insemination
- Weight loss programs, services or supplies
- Dental services except as specifically provided
- Organ transplants except as specifically provided
- Reversals of sterilization
- Care covered by worker's compensation

### Covered Services include:

- Hospital services (The Advantage Program requires prior notice of non-emergency admissions, or within 48 hours after an emergency admission.)
- Maternity care
- Extended care facility (except for custodial care)
- X-ray and laboratory services
- Office calls
- Routine physical exams
- Physical, speech, and occupational therapy when necessitated by illness
- Extraction and/or replacement of natural teeth when necessitated by an accidental injury
- Smoking Cessation Program

### Prescription Benefits

- Coverage requires that you pay \$21 per prescription for brand name drugs or \$7 for generic drugs applied to each prescription purchased during the year. There is no out-of-pocket maximum for drug copays.
- A prescription drug card program is available that eliminates the need to submit claims for covered drugs when you use a "preferred pharmacy".

This is intended as a general outline of benefits. It is not intended to be a complete description of coverage and does not serve as a legal document. For a complete listing of benefits, limitations, and exclusions please refer to the Benefit Handbook available through your personnel representative or call us at Blue Cross & Blue Shield United of Wisconsin.

**Regional service centers**  
**Customer service hotline for**  
**State of Wisconsin employees**  
**1-800-755-6400**

**Northeastern Service Center**  
145 South Pioneer Road  
Fond du Lac, WI 54935  
(920) 923-4141

**Southeastern Service Center**  
401 West Michigan Street  
Milwaukee, WI 53202  
(414) 226-2233

**Southwestern Service Center**  
19 West Main Street  
Evansville, WI 53536  
(608) 882-5967

**Western Service Center**  
2270 EastRidge Center  
Eau Claire, WI 54701  
(715) 836-7737

**Or e-mail us at our website:**  
[www.bluecrosswisconsin.com](http://www.bluecrosswisconsin.com)

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Deductible is \$500 per person, per calendar year; maximum of two per family, after deductible, plan pays 80%, you pay 20% until your plan out-of-pocket maximum has been reached, \$2000 per individual/\$4000 per family.

Health Benefits	Plan Pays	Limitations
<b>Physician</b>	100% after deductible and coinsurance	Emergency and Non-emergency office calls – deductible and coinsurance. Other services – \$10,000 per illness or injury, then policy maximum
<b>**Hospital</b>	Same as Physician	365 days in semi-private room. Subject to deductible and coinsurance. Subject to pre admission certification
<b>Laboratory and X-rays</b>	Same as Physician	Deductible and coinsurance
<b>Drugs and biologicals</b>	100% after copayment	Copayment of \$7 for generic or \$21 for brand, paid at time of purchase. If using a non-preferred pharmacy, members must submit a claim for reimbursement for charges in excess of the applicable copayment.
<b>Mental health</b> (Combined w/ Alcohol & drug abuse) <i>In 2003, annual dollar maximums for mental health services are suspended.</i>	100%	INPATIENT – 120 days or \$6,300 per calendar year, which ever is less
	90%	OUTPATIENT - Of first \$2,000 per calendar year.
	90%	TRANSITIONAL - Of first \$3,000 per calendar year.
<b>Alcohol and drug abuse</b> (Combined with Mental health)  <i>Annual combined benefit maximum is \$7000</i>	100%	INPATIENT – 30 days or \$6,300 per calendar year, which ever is less.
	90%	OUTPATIENT - Of first \$2,000 per calendar year.
	90%	TRANSITIONAL - Of first \$3,000 per calendar year.
<b>Emergency room</b>	Same as Physician	Deductible and coinsurance
<b>Extended care facility</b>	Same as Physician	730 days per admission less hospital days used. Excludes custodial care as defined by the contract.
<b>Vision care</b>	Same as Physician	For illness or disease only. Deductible and coinsurance
<b>Prescribed medical services/supplies</b>	Same as Physician	Deductible and coinsurance
<b>Transplants</b>	Same as Physician	Kidney, cornea, bone marrow, parathyroid, musculoskeletal. Deductible and coinsurance. Excludes all services related to non-covered transplants.
<b>Chiropractic care</b>	Same as Physician	Same as physician
<b>Ambulance</b>	Same as Physician	Deductible and coinsurance
<b>Additional Benefits</b>		
<b>Physical, speech &amp; occupational therapy</b>	Same as Physician	Deductible and coinsurance
<b>Home hospice care</b>	Same as Physician	80 visits per six months. Deductible and coinsurance
<b>Hearing aid</b>	0%	Not a covered benefit
<b>Oral surgery</b>	Same as Physician	Deductible and coinsurance
<b>Infertility services</b>	0%	Not a covered benefit

Charges for specific services defined in the contract are limited to a major medical maximum of \$250,000 per person, per lifetime. State Standard Plan II pays the percent of charge(s) shown above. Charge(s) means customary, usual and reasonable demands for payment for services or other items for which benefits are available, as determined by Blue Cross & Blue Shield United of Wisconsin. In some cases, the amount BCBSUW determines as reasonable may be less than the amount billed by your provider. Those providers not listed in the BCBSUW State Standard provider directory, are not contractually obligated to write off the balance and, as a result, may choose to balance bill the subscriber. Should such a situation arise, 'hold harmless' protections apply. BCBSUW will protect the subscriber against collection agencies and a court of law. For more information on 'hold harmless' or for a list of participating providers in your area, please call a customer representative at the number above or visit our website. If such a charge dispute arises, contact BCBSUW. If your provider is listed in the Standard Plan directory, charges over UCR will be written off.

\*\* The Advantage Program requires prior notice of non-emergency hospital admissions or within 48 hours after an emergency admission. Failure to make this contact will result in a penalty of \$100.